

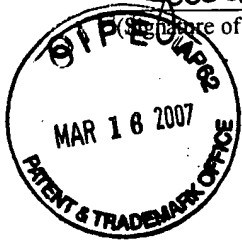
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage, as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 13 March 2007

Jeannie Camara

(Typed or Printed Name of Person Transmitting Paper or Fee)

Jeannie Camara
(Signature of Person Mailing Paper or Fee)



PATENT APPLICATION
Attorney Docket No. SNPS-0537

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
Narendra V. Shenoy et al.) Examiner: Parihar, Suchin
Serial No. 10/734,399)
Filing Date: 12 December 2003) Group Art Unit: 2825
Title: METHOD AND APPARATUS FOR)
DESIGNING AN INTEGRATED CIRCUIT)
USING A MASK-PROGRAMMABLE FABRIC)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed 28 December 2006.
- ☐ A petition for extension of time is also enclosed with a fee of \$120.00 for a one-month extension.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$130.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.


☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$50 =	
Independent Claims		MINUS = 3	0	x \$200 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
- ☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SNPS-0537).

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Respectfully submitted,

By 
Shun Yao
Registration No. 59,242

Date: 13 March 2007



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Application Number : 10/734,399

Confirmation Number: 1179

Applicant : Narendra V. Shenoy et al.

Filed : 12 December 2003

TC/A.U. : 2825

Examiner : Parihar, Suchin

Docket Number : SNPS-0537

Customer No. : 36,503

M/S: Box Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **28 December 2006**, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.